

DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BOX FOR PAYOUT OF A FILAMENTARY PRODUCT

the specification of which is filed herewith;

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e) of the United States provisional applications listed below:

60/401,223

(Application)

August 5, 2002

(filing date)

I hereby appoint to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, the attorneys and/or agents of Lowrie, Lando & Anastasi, LLP associated with Customer Number:

37462

Address all telephone calls to Gary S. Engelson at telephone no. (617) 395-7000. Address all correspondence to:

Gary S. Engelson
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One Main Street
Cambridge, MA 02142

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.


Inventor's signature


Date

Full name of first or joint inventor:
Citizenship:

Gérard Côté
Canadian

Residence:
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